Supplemental Digital Content 1: Patient Cases

Patient	Age	Diagnosis	Planned	Complication	Treatment	Surgery	Length	Long term
	(years)		Procedure	and Code Details		Outcome	of	Outcome
	& Sex						Hospital	
							Stay	
							(days)	
1	3.5	Sagittal	TCVR	Bleeding and	7 units of packed red blood	Completed	, , ,	No issues
	Male	Synostosis		coagulopathy.	cells administered.	,		
		,		Sigmoid sinus	CT scan done postop –		4	
				breached; 3	normal.			
				blood units lost.				
2	1.5	Clover Leaf Skull	BFOA	Laryngospasm,	Difficulty ventilating,	Completed		Deceased
	Male			venous air	tracheostomy considered	'		6 years post op,
				embolism,	but not required.			cardiac-related
				cardiac arrest.	Ventricular fibrillation		9	
					arrest required 2 rounds of			
					cardioversion			
3	5.1	Sagittal	Planned TCVR;	Acute	Large aberrant venous	Curtailed		Underwent
	Male	Synostosis	only PCVR	intracranial	channels encountered	- Curtumeu		successful ACVR
	Ividic	Symostosis	performed,	hypertension	posteriorly; the brain was			6 months postop
			ACVR deferred.	пурегензіон	noted to be tense.			o months postop
			Acvir deletted.		neurosurgery advised that		5	
					proceeding with ACVR			
					would increase venous			
					intracranial hypertension.			
4	1.0	Sagittal	TCVR	Airway issue	Mucous plug in naso-	Curtailed		TCVR
	Male	Synostosis		with mucous	tracheal tube in prone			successfully
				plug	position and unable to		1	completed 5
					ventilate. Burr holes sealed			months postop
					with wax, skin closed.			
5	0.5	Sagittal	ESC	VAE	During last barrel stave	Completed		No issues
	Male	Synostosis			between coronal and			
					lambdoid sutures;			
					desaturation and reduced			
					HR. Wound irrigated			
					Incision closed. Aggressive			
					fluid resuscitation and		1	
					chest compressions to			
					break up air embolus;			
					blood transfusion. Area			
					packed with floseal &			
					gelfoam.			
	0.5	Sagittal	ESC	Intra-op Heart	Difficulty ventilating,	Completed		No issues
6	0.5	Jagittai	LJC	mitia op ricart	Billiounty veritinating)	completed	4	140 133003

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					68%. Surgery curtailed,			
					patient transferred to ICU.			
7	0.5	Sagittal	ESC	Decreased	Patient Desaturated and	Curtailed		No issues
/	Male	Synostosis	LSC	Cardiac Output	became tachycardic –	Curtancu		140 133003
	iviale	Syllostosis		Cardiac Output	infundibular spasm			
					·			
					increasing right to left			
					shunt and causing		3	
					desaturation. Background			
					of Tetralogy of Fallot.			
					Anaesthetics felt it was			
					unsafe to proceed.			
8	0.9	Metopic	ACVR/FOA	Cardiac Arrest	Overly rapid infusion of	Completed		No Issues
	Male	Synostosis		due to	blood through central line		5	
				cardioplegia	resulting in K+ induced			
					cardiac arrest.			
9	21	Fibrous	Decompression	Venous air	Sudden onset of	Curtailed		No issues
	Female	Dysplasia	Right Optic	embolism	hypotension during burring			
			Nerve		bone in orbital apex.		1	
					Compressions and			
					resuscitation successful.			
10	0.6	Sagittal	TDVR	Cardiac arrest	Volume replacement.	Curtailed		No Issues
	Male	Synostosis		secondary to	Surgery curtailed.		6	
				hypovolaemia				
11	17	Class II	Le Fort1 / BSSO	Cardiac Arrest	Asystole during Le Fort I	Completed		No Issues
	Female	Malocclusion/		due to	down-fracture.			
		JIA		trigeminocardiac			4	
				reflex				
12	18	Class II	Le Fort1 / BSSO	Cardiac Arrest	Asystole during	Completed		No Issues
	Female	Malocclusion/JIA		due to	manipulation of			
				trigeminocardiac	osteotomized mandible		14	
				reflex	into dental splint			
13	0.7	Sagittal	TCVR	Cardiac Arrest	Bleeding during posterior	Curtailed		Seizures
	Male	Synostosis &		Due to	vault dissection of dura and			secondary to
	.,,,,,,	Left Unicoronal		Hypovolemia	bone. Severe hypotension			venous cerebral
		synostosis		, 50701011110	and cardiac arrest required		4	infarct
		3,110310313			compressions and			arec
					defibrillation			
14	1.8	Metopic	ACVR/FOA	Venous air	Sudden hypotension during	Completed		No Issues
	Male	Synostosis	,. 5	embolism	scalp closure. Chest	22 5,0004		
	aic				compressions & turned		4	
					onto left side.			
		ranial Vault Reshanir			onto iere side.]

TCVR = Total Cranial Vault Reshaping

ACVR = Anterior Cranial Vault Reshaping

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FOA = Fronto-Orbital Advancement

BSSO = Bilateral Sagittal Split Osteotomy

JIA = Juvenile Idiopathic Arthritis

ESC = Endoscopic Strip Craniectomy